

# Football Club

## Mini, Youth & Girls Membership Form 2020/21 Season

**Please complete all fields on this form**

### Players Details

Surname,		Age Group	U
First Name		Date of Birth (dd/mm/yyyy)	
Address		Male / Female	
		School	
		School Year (2019/20)	
Postcode		Name of any previous Club	

Please indicate any medical conditions of which we should be aware (e.g. allergies, asthma etc.)

Membership	£115 Parent & 1 Child	£175 Parent & 2+ Children
Club Membership paid with this player?	Yes <input type="checkbox"/> No <input type="checkbox"/>	CASH, CHEQUE, CARD
If NO, details of sibling paying membership fee	Age Group	U
( Separate form must be completed for Sibling)		Name

Parental Details	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	This person will be registered as an emergency contact.	
Surname		Surname	
First Name	Title	First Name	Title
Address		Address:	
Postcode	Same as players	Yes <input type="checkbox"/>	Qualified Referee/Coach
			YES/NO
			Qualified First Aider
			YES/NO
Parent Profession:	<b>SKILLS:</b> Do you have any skills you can offer the Club? (Club Admin, Coaching, Parent Helper, Fundraising Events) <b>SPONSORSHIP</b> Please contact the office if you would like to discuss ways to support the club through sponsorship.		

Home Telephone Number	
Mobile Telephone Number(s)	
E-mail Address(es):	

Alternative Contact Name & Relation to Player:	
Address:	
Contact Number:	Relationship:

<b>Club Website:</b> You will need to become a member of the club website for all club news, fixtures and team selection, visit: <a href="http://www.newarkrugby.com">www.newarkrugby.com</a>
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**DATA PROTECTION:** I acknowledge that I am aware of the purpose for which the data set out above is to be held, used and disclosed by Newark RUFC and that I consent to the holding, use and disclosure of this data.

**PHOTOS / VIDEO:** I consent to the photographing / videoing and publication of images of the above named player under the RFU Child Protection and Best Practice Guidelines and I confirm that I am legally entitled to give this consent. I also confirm that the player named above is not under a Court Order.

<b>DIRECT MARKETING:</b> If you would like to receive information from the Club with details of events and other opportunities please tick the box to confirm your agreement.	<input type="checkbox"/>
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**PARENTAL CARE:** I understand that I or a nominated person will remain within the club premises whilst my child is playing, whether at home or away. **This is vital in the event of sickness or accident.**

**MEDICAL CONSENT:** In the event of an accident or injury where the coach / administrator is unable to contact either of the contacts named above, then I give permission for the senior age group coach or administrator present to sign the authorisation for any medical treatment or procedure which may be required. I further consent to qualified first aiders to offer first aid treatment if required.

Print Name:	Signature:	Date:
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